

Tree Removal Application

Property Owner	Address of Proposed Tree Removal:		
	Owner's Name:		
	Owner's Address:		
	Phone:	Fax:	Email:
Property Owner/Agent's permission to remove trees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant	Applicant's Name:		
	Applicant's Address:		
	Arborist Certification Number (If applicable):		
	Phone:	Fax:	Email:
Tree(s) to be Removed	Species:	Diameter*:	Reason for Proposed Tree Removal:
	Tree #1:		
	Tree #2:		
	Tree #3:		
	Tree #4:		
	Tree #5:		
	Tree #6:		
	<i>*Please note the diameter for each tree should be given at 4.5' above ground.</i>		
	Required Photo of Each Tree – attached? (yes / no)		
	Required Sketch of Property Showing Building and Trees to be Removed – attached? (yes / no)		
Required Arborist Letter for dead, dying, diseased and/or insect infested tree – attached? (yes / no/ na)			
Is there a stream in proximity to your property? (yes / no) If yes, you may be required to submit a survey illustrating proposed trees are not in the City's 75' Stream Buffer.			
Lot Size:		Number of Trees Remaining:	
Authorized Signature	<i>I understand that the City of Brookhaven's Tree Protection Ordinance requires that I maintain canopy coverage consistent with Chapter 14, Section 14-39. I further attest that this documentation and statements included in this application are true and correct. If any information is found to be false or misrepresented, the permit will be deemed invalid.</i>		
	Applicant's Name:		Date:
	Applicant's Signature:		
Staff	Staff Only		
	Received by:	Parcel ID:	Date Received:
	Permit Number:	Decision:	Date Issued: